

Equilibrium Massage Therapy LLC

Client Intake Form

name _____ date of birth _____

address _____

city _____ state _____ zip _____

home phone _____ cell phone _____

work phone _____ ext. _____

email _____

occupation _____

marital status _____ if married, spouses name _____

referred by (name) / how did you find us? _____

Emergency contact name (relationship) _____ emergency contact phone _____

Email Address _____

Have you had a professional massage before? ____Y ____N

How long have you been receiving massage therapy? _____

Frequency of massages? _____

What are your goals for treatment? _____

Is your condition the result of an auto accident? _____

Reason for initial visit _____

Do you exercise regularly and/or participate in any sports?

If yes, what kind of exercise/sports? _____

Do you perform any repetitive movement in your work, sports or hobby?

If yes, describe _____

Do you sit for long hours at a workstation, computer or driving?

If yes, describe _____

Do you experience stress in your work, family, or other aspect of your life?

If yes, describe _____

Are you experiencing tension, stiffness, discomfort or pain?

If yes, describe _____

Have you recently had an injury, surgery, or areas of inflammation?

If yes, describe _____

Do you have sensitive skin? _____

Do you have any allergies to oils, lotions or ointments?

If yes, please explain _____

List any medications you are currently taking _____

List any known allergies _____

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status. I also am aware of the cancelation policy and that if I need to cancel or reschedule an appointment I will do so 24 hours prior.

Signature _____

Date _____